

UNITED STATES BANKRUPTCY COURT

Middle District of Pennsylvania

Debtor Andrew L. & Sherry L. Coleman

Debtor

Case No. 4:15-bk-04464-JJT

Small Business Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Monthly:

July 2017

semi

Date Filed:

Line of Business:

Retired

NAC Code:

IN ACCORDANCE WITH RULE 201, SECTION 501, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND CURRENT.

RESPONSIBLE PARTY:

Andy Coleman

Original Signature of Responsible Party

Andrew L. Coleman

Printed Name of Responsible Party

Questions (All questions to be answered on behalf of the debtor)

1. IS THE BUSINESS STILL OPERATING? ☒ Yes ☐ No
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH? ☒ Yes ☐ No
3. DID YOU PAY YOUR EMPLOYEES ON TIME? ☒ Yes ☐ No
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE BIP ACCOUNT THIS MONTH? ☒ Yes ☐ No
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH? ☒ Yes ☐ No
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS? ☒ Yes ☐ No
7. HAVE YOU PAID ALL OF YOUR BUSINESS EXPENSES THIS MONTH? ☒ Yes ☐ No
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? ☒ Yes ☐ No
9. ARE YOU CURRENT ON YOUR QUARTERLY PAYMENT TO THE U.S. TRUSTEE? ☒ Yes ☐ No
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? ☒ Yes ☐ No
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH? ☒ Yes ☐ No
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THEM IN ANY WAY? ☒ Yes ☐ No
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE BIP ACCOUNT? ☒ Yes ☐ No

14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? ☐ ☒
15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? ☐ ☒
16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? ☐ ☒
17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? ☐ ☒
18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? ☐ ☒

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-RETURN TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE EXPLAIN THE SITUATION, INCLUDING WHEN SUCH RETURNS WILL BE FILED OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE PROVIDE A LIST OF ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS.

TOTAL INCOME : 7334.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month

\$ 10,107.64

Cash on Hand at End of Month

\$ 11,931.78

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL : 11,931.78

(Exhibit B)

EXPENSES

PLEASE PROVIDE A LIST OF ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT.

TOTAL EXPENSES : 5519.86

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT A)

\$ 7334.00

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)

\$ 5519.86

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH : 1814.14

NOTE: Cash on Hand at Start of Month + Cash Profit For The Month should equal Cash on Hand at End of Month.

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED FOR BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

TOTAL PAYABLES \$ _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

TOTAL RECEIVABLES \$ _____

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?

2
0

PROFESSIONAL FEES**BANKRUPTCY RELATED:**

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 0

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 0

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 0

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 0



PROMOTIONAL WINNER'S TICKET

WT 5236

CASINO & HOTEL

PATRON'S NAME: Shelley C. Calkins

ADDRESS: 87 Calkins St

CITY: Seneca

STATE OR PROVINCE: PA

ZIP OR POSTAL CODE: 17171

COUNTRY (IF NOT U.S.): USA

APT#: 114

NAME OF PROMO: 111

PLACE: 1

DATE OF PROMOTION: 8/10/17

AMT. WON (NUMERIC): \$ 500

AMT. WON (WRITTEN): 500

TAXES WITHHELD (IF ANY): \$ 0

NET PAYMENT (IF TAXES WITHHELD): \$ 0

PATRON: 2

SIGNATURE

MARKETING REP. 20163

INITIALS

LIC #

AUTHORIZED BY: [Signature]

SIGNATURE

LIC #

CAGE CASHIER: [Signature]

SIGNATURE

LIC #

CAGE SUPERVISOR: [Signature]

SIGNATURE

LIC #

THIS SECTION COMPLETED BY CASINO CAGE

ID

TYPE

STATE

NUMBER

EXP DATE

SS#

DOB

011 PA 173477981 11-10-2017 SS# 154-460178 DOB 11-9-1953



Phone number:
1-800-492-3221
Website:
www.CNBBank.bank

Customer Statement

Pg 1 of 3

P.O. Box 42, Clearfield, PA 16830
Return Service Requested

Account Number: 1306667776
Statement Date: Jul 01, 2017 thru Jul 31, 2017

038530



ANDREW L COLEMAN
PO BOX 222
OSCEOLA MILLS PA 16666-0222

Summary - All Accounts

Product	Account #	Ending Balance
Positively Free Checking	1306667776	\$10,821.78

Positively Free Checking - 1306667776

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$10,107.64
Jul 06	Deposit		1,217.00	11,324.64
Jul 10	1045 Check	-80.00		11,244.64
Jul 12	External Deposit US TREAS 310 - XXSOC SEC		1,117.00	12,361.64
Jul 14	1046 Check	-13.80		12,347.84
Jul 14	1047 Check	-350.51		11,997.33
Jul 17	External Withdrawal HARLAND - CLARKE CHK ORDERS	-22.15		11,975.18
Jul 20	1044 Over Counter Check	-62.00		11,913.18
Jul 25	1048 Check	-663.03		11,250.15
Jul 27	1050 Electronic Check Penelec	-91.44		11,158.71
	0934196821 041204975 CHECK PYMT			
Jul 27	1052 Electronic Check ERIE - INSURANCE 1256038677	-285.00		10,873.71
Jul 31	1049 Check	-51.93		10,821.78
	ENDING BALANCE			\$10,821.78

ANDREW L COLEMAN

Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
1044	Jul 20 <input type="checkbox"/>	62.00	1047	Jul 14 <input type="checkbox"/>	350.51	1050e	Jul 27 <input type="checkbox"/>	91.44
1045	Jul 10 <input type="checkbox"/>	80.00	1048	Jul 25 <input type="checkbox"/>	663.03	1052*e	Jul 27 <input type="checkbox"/>	285.00
1046	Jul 14 <input type="checkbox"/>	13.80	1049	Jul 31 <input type="checkbox"/>	51.93			

Your financial security is important to us.

Fraud detection monitoring controls on your CNB debit card are set to recognize out-of-state transactions that are uncommon. To ensure these security settings won't disable your check card from making purchases while you're out of town, let us know your travel plans before you go! It's easy to do directly from your mobile device through CNB's mobile banking app, goMobile!

SUBMIT TRAVEL PLANS:

- Under Mobile Services, notify the bank of your upcoming travel plans to ensure security settings won't disable your card while you're away.

DEACTIVATE TURN YOUR DEBIT CARD ON OR OFF:

- Manage your debit card availability by deactivating your debit card within Mobile Services when you misplace it to prevent fraudulent activity. Reactive it when you find it with the click of a button!



FRAUD ALERTS:

- Should your card be disabled, make sure we can reach you by making your cell phone number your primary contact number. Within Mobile Services, click on My Profile and Update Phone Number.

These features are also available on your desktop with Personal eBanking.

go
Mobile

DOWNLOAD THE APP
AND ENROLL TODAY!

available at
Amazon, App Store, Google Play

Member FDIC

02N0BA_BK_266CN0001_M022



Account Number:

1306667776

Statement Date:

Jul 01, 2017 thru Jul 31, 2017

Check Summary (Continued)

Number of Checks: 8 * Indicates a skip in sequence e Indicates an electronic check

Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Jul 06	11,324.64	Jul 14	11,997.33	Jul 20	11,913.18	Jul 27	10,873.71
Jul 10	11,244.64	Jul 17	11,975.18	Jul 25	11,250.15	Jul 31	10,821.78
Jul 12	12,361.64						

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Jul 01, 2017	10,107.64	2,334.00	0.00	1,619.86	0.00	10,821.78

UNITED STATES BANKRUPTCY COURT

Middle District of Pennsylvania

In re Andrew L. & Shirley L. Coleman
Debtor

Case No. 4:15-04464-JJT

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: July

Date filed: _____

Line of Business: _____

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

Shirley L. Coleman

Original Signature of Responsible Party

Shirley L. Coleman

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B 25C (Official Form 25C) (12/08)

14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? ☐ ☐
15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? ☐ ☒
16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? ☐ ☒
17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? ☐ ☐
18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? ☐ ☐

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS.

TOTAL INCOME \$ 2516.83**SUMMARY OF CASH ON HAND**

Cash on Hand at Start of Month

\$ 3763.77

Cash on Hand at End of Month

\$ 4130.12

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL

\$ 366.35

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT.

TOTAL EXPENSES \$ 1989.33

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B)

\$ 2516.83

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C)

\$ 1989.33

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH

\$ 527.50

NOTE: Cash on Hand at Start of Month + Cash Profit For The Month should equal Cash on Hand at End of Month.

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

TOTAL PAYABLES \$ _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

TOTAL RECEIVABLES \$ _____

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? _____

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? _____

PROFESSIONAL FEES**BANKRUPTCY RELATED:**

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ _____

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ _____

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ <u>2516.83</u>	\$ <u>2516.83</u>	\$ <u>—</u>
EXPENSES	\$ <u>1989.33</u>	\$ <u>1989.33</u>	\$ <u>—</u>
CASH PROFIT	\$ <u>527.50</u>	\$ <u>527.50</u>	\$ <u>—</u>

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:

\$ —

TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:

\$ —

TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:

\$ —

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

MONTHLY EXPENSES: (not deducted from wages) Do not include monthly payments on debts that you will not be repaying after filing bankruptcy.

Rent or Mortgage payment (s)	\$	_____
Real Estate Taxes		_____
Electric		\$ 79.06
Gas		\$ 68.75
Telephone phone-Internet-TV - <u>comcast</u>		\$ 172.57
Heat		_____
Water		_____
Sewer		_____
Garbage		_____
Other:		_____
STATE Farm Balance		_____
TRUE Value		_____
Dept. of trans		_____
Community Bank		_____
Dog Groomer		_____
Family Dollar		_____
Cash Back		_____
Liquor STORE		_____
Walmart		_____
Members 1st		_____
Dollar STORE		_____
Ollie's		_____
Big Lots		_____
Church		_____
Home Maintenance (repair/upkeep)		_____
Taxes (not deducted from wages/ not included in home loan payment/ not included in real estate taxes)		_____
Alimony, maintenance or support payments		_____
Person supported		_____
Transportation (not including auto payments)		_____
Education (tuition, school books)		_____
Food		\$ 266.01
Clothing		_____
Medical, Dental, Medicines		\$ 175.00
CVS		_____
Penn STATE Pharmacy		_____
Laundry & Dry-cleaning		_____
Newspapers, Periodicals, and Books		_____
Recreation, Clubs, Entertainment		_____



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ACCOUNT NUMBER
63241

SHIRLEY L COLEMAN
 1429 STATE STREET
 OSCEOLA MILLS PA 16666

FROM	THROUGH
07/01/17	07/31/17

PAGE
1

DATE	DESCRIPTION	AMOUNT	BALANCE
07/01	ID 01 REGULAR SHARE Balance Forward		5.00
07/31	Ending Balance		5.00

07/01	ID 73 FREEDOM CHECKING Balance Forward		3864.84
07/01	withdrawal Debit Card Debit Card	-69.20	3795.64
	06/30 24431067182003151510528 RED LOBSTER 6221 STATE COLLEGE PA		
	Card 6624		
07/02	Withdrawal POS #718300048763	-61.87	3733.77
	CVS/PHARMACY #01 01919--815 NORTH FRONT		
	PHILIPSBURG PA		
	Card 6624		
07/03	Withdrawal POS #718418588066	-29.67	3704.10
	WINE & SPIRITS 01706 PHILIPSBURG PA		
	Card 6624		
07/03	Withdrawal POS #718414438811	-31.43	3672.67
	WEIS MARKETS 118 PHILIPSBURG PA		
	Card 6624		
07/03	Withdrawal POS #718418773974	-9.34	3663.33
	PHILIPSBURG HOMETO PHILIPSBURG PA		
	Card 6624		
07/05	Draft 001257 Tracer 21840406	-10.00	3653.33
07/05	Withdrawal POS #718622623976	-30.21	3623.12
	DOLLAR GENERAL # SE SIDE OSCEOLA MILLS PA		
	Card 6624		
07/08	Withdrawal Debit Card Debit Card	-70.77	3552.35
	07/07 24445007189400052918169 WM SUPERCENTER #2129 CLEARFIELD PA		
	Card 6624		
07/08	Withdrawal Debit Card Debit Card	-75.98	3476.37
	07/07 24755427189121891642901 OLLIES BARGAIN OUTLET 0 CLEARFIELD PA		
	Card 6624		
07/08	Withdrawal Debit Card Debit Card	-8.56	3467.81
	07/07 24445007189500260513056 BIG LOTS STORES - #1725 CLEARFIELD PA		
	Card 6624		
07/10	Withdrawal Debit Card Debit Card	-45.54	3422.27
	07/09 24427337190720019438609 WEIS MARKETS 118 PHILIPSBURG PA		
	Card 6624		
07/10	Withdrawal Debit Card Debit Card	-9.80	3412.47
	07/09 24427337190720019445752 WEIS MARKETS 118 PHILIPSBURG PA		
	Card 6624		
07/10	Withdrawal POS #719122517690	-29.76	3382.71
	DOLLAR GENERAL # SE SIDE OSCEOLA MILLS PA		
	Card 6624		
	--- continued on following page ---		

REGULAR SHARE ACCOUNTS ARE NOT TRANSFERABLE EXCEPT ON THE RECORDS OF THIS CREDIT UNION. SEE RECONCILIATION FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO DISPUTE BILLING ERRORS AND ELECTRONIC FUND TRANSFER ERRORS.

8/3/2017 3:17 PM



That's my Credit Union!

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 P. (800) 828-4636 •
 F. (814) 863-6183 •
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ACCOUNT NUMBER:
63241

FROM	THROUGH
07/01/17	07/31/17

PAGE
2

SHIRLEY L COLEMAN
 1429 STATE STREET
 OSCEOLA MILLS PA 16666

DATE	DESCRIPTION	AMOUNT	BALANCE
07/11	Withdrawal Debit Card Debit Card 07/10 24224437192102026645743 PHILIPSBURG HOMETO PHILIPSBURG PA Card 6624	-13.69	3369.02
07/11	Draft 001258 Tracer 21840494	-10.00	3359.02
07/14	Draft 001260 Tracer 14890358	-172.57	3186.45
07/14	Deposit By Check	110.00	3296.45
07/16	Withdrawal POS #719700757798 WM SUPERCENTER # Wal-Mart Super Center CLEARFIELD PA	-85.83	3210.62
07/16	Card 6624 Withdrawal Debit Card Debit Card 07/16 24224437198101067531832 PHILIPSBURG HOMETO PHILIPSBURG PA	-23.09	3187.53
07/18	Card 6624 Withdrawal Debit Card Debit Card 07/17 24427337198720020317653 WEIS MARKETS 118 PHILIPSBURG PA	-33.73	3153.80
07/18	Card 6624 Draft 001261 Tracer 21730362	-10.00	3143.80
07/18	Draft 001262 Tracer 21730358	-25.00	3118.80
07/19	Deposit ACH XXSOC SEC ID: 9031736013 CO: XXSOC SEC	930.00	4048.80
07/20	Draft 001259 Tracer 20450548	-1.41	4047.39
07/20	Draft 001264 Tracer 20850604	-68.75	3978.64
07/20	Draft 001265 Tracer 20420146	-135.00	3843.64
07/20	Withdrawal POS #720121734576 DOLLAR GENERAL # SE SIDE OSCEOLA MILLS PA	-25.41	3818.23
07/20	Card 6624 Withdrawal Debit Card Debit Card 07/20 24224437202103011754720 PHILIPSBURG TRUE V PHILIPSBURG PA	-6.35	3811.88
07/21	Card 6624 Draft 001263 Tracer 10510016	-48.00	3763.88
07/22	Withdrawal POS #631657 WAL-MART #2129 100 SUPERCENTER DRIVE CLEARFIELD PA	-37.39	3726.49
07/25	Card 6624 Draft 001269 Tracer 21520224	-10.00	3716.49
07/27	Withdrawal Debit Card Debit Card 07/26 24427337207720020876749 WEIS MARKETS 118 PHILIPSBURG PA	-49.93	3666.56
07/27	Card 6624 Draft 001268 Tracer 20350610	-135.00	3531.56
07/28	Withdrawal Debit Card Debit Card 07/27 24231687209837000016096 FAMILY DOLLAR #5890 HOUTZDALE PA	-7.16	3524.40
07/28	Card 6624 Draft 001267 Tracer 0024275761	-14.15	3510.25
07/28	Processed Check - STATE FARM RO 27 TYPE: PYMT ID: 9000307003	-40.00	3470.25
07/28	Draft 001270 Tracer 13360366	-16.70	3453.55
07/30	Withdrawal POS #721114633796 DOLLAR GENERAL # SE SIDE OSCEOLA MILLS PA	-49.89	3403.66
07/30	Card 6624 Withdrawal Debit Card Debit Card 07/30 24224437212101067389837 PHILIPSBURG HOMETO PHILIPSBURG PA	1476.83	4880.49
07/31	Card 6624 Deposit ACH COMM OF PA TYPE: ANNUITANT ID: PA TR DPT CO: COMM OF PA Ending Balance		

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8/3/2017 3:17



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ACCOUNT NUMBER
63241

SHIRLEY L COLEMAN
 1429 STATE STREET
 OSCEOLA MILLS PA 16666

FROM	THROUGH
07/01/17	07/31/17

PAGE
3

DATE	DESCRIPTION	AMOUNT	BALANCE
Number	Amount	Number	Amount
001257	10.00	001261	10.00
001258	10.00	001262	25.00
001259	1.41	001263	48.00
001260	172.57	001264	68.75
		001265	135.00
		001267*	14.15
		001268	135.00
		001269	10.00
		001270	40.00

* Asterisk next to number indicates skip in number sequence

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